

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 201009/131 (2000-0696)
<b>CERTIFICATE OF MAILING</b> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.  Signature: _____ Name: _____	In re Application of Randy K. Young  <hr/> <div style="display: flex; justify-content: space-between;"> <span>Application Number 09/765,712</span> <span>Filed 1/19/2001</span> </div> <hr/> For A BROADBAND MODULATION/DEMODULATION APPARATUS AND A METHOD THEREOF  <hr/> <div style="display: flex; justify-content: space-between;"> <span>Group Art Unit 2611</span> <span>Examiner Freshteh N. Aghdam</span> </div>	
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <div style="margin-left: 40px;"> <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120) <span style="float: right;">\$ _____</span>  <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$230/\$460) <span style="float: right;">\$ _____</span>  <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$525/\$1050) <span style="float: right;">\$ <u>525</u></span>  <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$820/\$1640) <span style="float: right;">\$ _____</span>  <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1115/\$2230) <span style="float: right;">\$ _____</span> </div> <p><input checked="" type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>141138</u>. I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <div style="margin-left: 40px;"> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  <input checked="" type="checkbox"/> attorney or agent of record.  <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.         </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;">           _____            /Gunnar G. Leinberg/            Signature         </div> <div style="text-align: center;">           _____            November 21, 2007            Date         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;">           _____            Gunnar G. Leinberg            Typed or printed name         </div> <div style="text-align: center;">           _____            (585) 263-1014            Telephone Number         </div> </div> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p>		
<input type="checkbox"/> Total of _____ forms are submitted.		

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